

L16000099387

(Requestor's Name)

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(Business Entity Name)

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STATE
16 MAY 16 PM 12:49

05/24/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sean Cadigan Photography
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean Cadigan
Name of Person

Sean Cadigan Photography
Firm/Company

1216 E. Cumberland Ave., Unit 408
Address

Tampa FL 33602
City/State and Zip Code

SeanCadiganPhotography@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Cadigan at (727) 580-1163
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sean Cadigan Photography, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1216 E. Cumberland Ave., Unit #408
Tampa, FL 33602

Mailing Address:

1216 E. Cumberland Ave., Unit #408
Tampa, FL 33602

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name: Arlene Cadigan
2837 Lantern Hill Ave.
Brandon, FL 33511

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 JAN 15 PM 12:49
CLERK OF DISTRICT COURT
JAN 15 2020

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member "MGR" = Manager

AMBR

Sean O. Cadigan
1216 E. Cumberland Ave, Unit 408
Tampa, FL 33602

MGR

Sean O. Cadigan
1216 E. Cumberland Ave, Unit 408
Tampa, FL 33602

ARTICLE V: Effective date, if other than the date of filing: N/A

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any – N/A.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sean O. Cadigan

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

(OPTIONAL)

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
DEPT. OF STATE
JAN 10 2013
TAMPA, FL 33602
10:12:19